



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Nicolas D.L. Jones, et al.

Serial No.: 10/663,065

Filed: September 16, 2003

Title: NETWORK ACTIVE I/O MODULE  
WITH REMOVABLE MEMORY UNIT

Attorney's Docket No.: WDHD245

Group Art Unit: 2182

Examiner: Eron J. Sorrell

MAILSTOP: IDS

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT**

S I R:

Applicants' undersigned attorneys, who prepared the above-identified application, have been made aware of the prior art references listed on the attached Form PTO-1449, copies of which are enclosed herewith and which are relevant to said application.

**U.S. PATENTS**

U.S. Patent No. 5,485,590

U.S. Patent No. 6,651,110

Dated: April 8, 2004

Respectfully submitted,

*Thomas E. Hill*

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Attorney for Applicant

**EMRICH & DITHMAR LLC**

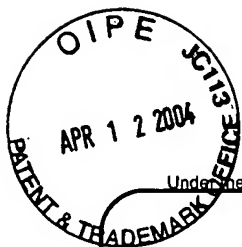
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FORM**

(to be used for all correspondence after initial filing)

<b>Application Number</b>	10/663,065	
	<b>Filing Date</b>	09/16/2003
	<b>First Named Inventor</b>	JONES
	<b>Art Unit</b>	2182
	<b>Examiner Name</b>	SORRELL, ERON J.
<b>Attorney Docket Number</b>	WDHD245	
<b>Total Number of Pages in This Submission</b>	<b>3</b>	

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> It is deemed that no fee is required with the filing of this Information Disclosure Statement; however, if any additional fees are deemed to be required, authorization is given to charge those fees to Deposit Account No. 05-1060. A duplicate copy of this Transmittal Form is enclosed.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	THOMAS E. HILL EMRICH & DITHMAR LLC
<b>Signature</b>	<i>Thomas E. Hill</i>
<b>Date</b>	APRIL 8, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

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<b>Typed or printed name</b>	STEPHANIE TORRISI		
<b>Signature</b>	<i>Stephanie Torrisi</i>	<b>Date</b>	APRIL 8, 2004

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